

Report to the Legislature

Services to Persons with Disabilities who have community protection issues or are diverted/Discharged from State Hospitals

Chapter 7, Laws of 2001, E2, Section 205(1)(c) Uncodified

(Public Safety Proviso)

February 15, 2003

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Chapter 7, Laws of 2001, E2, Section 205(1)(c) called the Public Safety Proviso, requires the Department of Social and Health Services' Division of Developmental Disabilities (DDD) to report, within 45 days following each fiscal quarter, the number of persons served in the community through this section, where they were residing, what kinds of services they were receiving prior to placement, and the actual expenditures for all community services to support these clients.

BACKGROUND

Prison Discharge Clients

As part of the Public Safety Proviso, the legislature appropriated funds to DDD to provide community supports for 26 developmentally disabled individuals upon their release from the Department of Corrections (DOC). These funds were provided at an average daily rate of \$275.00 per client/per day.

Hospital Discharge/Diversion Clients

Providing services to individuals with developmental disabilities who are diagnosed with mental illness and/or are otherwise gravely disabled is a long-term state and national issue. Since 1985, the Washington State Legislature has periodically provided funding to enable some developmentally disabled clients to move out of state hospitals when community placement is recommended. Between August 1996-1998, however, the number of people with developmental disabilities at the state's two psychiatric hospitals grew from 53 to a high of 92.

In January 1999, the Washington Protection and Advocacy System filed a federal class action lawsuit (*Allen v DSHS*) alleging abuse and neglect of individuals with developmental disabilities at Western State Hospital (WSH). It further alleged that individuals were denied opportunities for discharge and community support, and that they were at risk for unnecessary involuntary commitment. A mediated settlement agreement was reached in December 1999. Among the terms of the agreement, the state agreed to request funding from the legislature to implement a 3-phase remedy titled the Division of Developmental Disabilities/Mental Health Division Collaborative Work Plan.

The supplemental budget passed in the 2000 legislative session included \$6,673,000 to fund phases one and two of the collaborative work plan. Phase 3 of the work plan proposed to establish involuntary treatment facilities. Phase 3 was not initially funded. The legislature instead required a comprehensive study of long-term treatment alternatives for individuals with developmental disabilities and mental illness. The report's recommendation was to continue to house involuntary treatment clients at the two state psychiatric hospitals.

The legislature authorized funds to support Phase 3 at the state psychiatric hospitals in the 2001-2003 operating budget.

As part of the Public Safety Proviso, the legislature appropriated funds to DDD to provide community supports for 18 developmentally disabled individuals upon their release from state psychiatric hospitals and 30 developmentally disabled individuals who utilized diversion beds in an effort to avoid unnecessary hospitalization. These funds were provided at an average daily rate of \$275.00 per client/per day.

STATUS

Prison Discharge Clients

Twenty-three individuals have been placed into the Division's Community Protection Program this biennium. Eighteen were from DOC; four were from the Department of Social and Health Services (DSHS) Juvenile Rehabilitation Administration, and one from the federal prison system. The average daily rate is \$290.72. (See attached spreadsheet under Prison Outplacements).

During the quarter September through December 2002 five individuals have been placed in the community. All five individuals were incarcerated for sexual offenses.

HV was convicted of First Degree Child Molestation of an eleven-year old girl. He disclosed to his therapist that he had 19 victims, all young girls under the age of 14. Prior to his incarceration he lived in an Adult Family Home and received Medicaid Personal Care. Currently, HV is receiving Community Protection Intensive Supported Living Services (CPISLS) and therapy. He is registered with an employment vendor and is seeking employment. While in prison he participated in sex offender treatment and was on a waiting list for substance abuse treatment, but never received it. While incarcerated, he was deemed eligible for the Dangerous Mentally III Offender (DMIO) Program. He registers as a Level 2 Sex Offender.

BG was charged and convicted for several crimes, including Burglary, two counts of Assault, two counts of Criminal Trespass, and two counts of Rape in the second degree. His target population is adult women. After serving 20 years in prison, he was

released on his maximum release date. He is also eligible for the DMIO Program. BG is currently receiving CPISLS through a certified residential provider, weekly therapy with a Sex Offender Treatment Professional (SOTP), and vocational services. He receives mental health services through the DMIO Program. BG registers as a Level 3 Sex Offender.

TM was convicted of First Degree Rape. Her victim was an eight-year-old girl. Prior to her conviction there were several reported incidents of molestation and one of sexually sadistic acts involving a male child. She receives CPISLS residential services, therapy, and group supported employment. She registers as a Level 2 Sex Offender.

NA was found guilty of Rape in the third degree. Her victim was a 14-year-old boy. She receives CPISLS residential services and therapy. She is currently working with an employment vendor to pursue employment. NA registers as a Level 2 Sex Offender.

CG was discharged from the department's Juvenile Rehabilitation Services when he turned 18. He was charged with assaulting his former foster parent. CG was placed in foster care when he was six years old, and remained there until his conviction and move to Maple Lane. He also has a history of sexually aggressive behaviors, and his psychosexual evaluation states that he requires supervision while in the community. He receives CPISLS residential services and therapy. He is currently in school and will remain there until he turns 21.

Housing for individuals who must register as sex offenders is becoming increasingly hard to find. Division staff has participated in several public meetings held by the local law enforcement agencies for notification of registered sex offenders. All five individuals have community corrections officers who are involved with the treatment team and interact regularly with the individuals and providers.

Hospital Discharge/Diversion Clients

Hospital Outplacements

The Division of Developmental Disabilities has placed thirteen clients out of the state psychiatric hospital since July 1, 2001 with an average daily rate of \$275.51. (See attached spreadsheet under Hospital Outplacements. It is noted here that the division placed these 13 individuals using 12 funded outplacement slots).

For the quarter October 2002 through December 2002, one client was placed into Supported Living (SL) and Intensive Tenant Support (ITS) services. Prior to community placement, BS received habilitative mental health services at Eastern State Hospital (ESH) as part of the WSH DDD Specialized Treatment Unit. These inpatient services included group and individual counseling services, vocational services, and highly

specialized individual treatment services and planning including positive behavioral support plans and functional assessments.

BS was criminally committed to ESH in 1987, under RCW 10.77. BS had been found Not Guilty by Reason of Insanity (NGRI) for Arson. Upon determining that he was ready for discharge, DDD began working with a certified community protection vendor to provide supervision and residential support to BS. In addition to receiving 24 hours supervision and monitoring, BS also receives community mental health services and specialized therapy from a certified therapist. BS has been referred to a vocational provider and is working with the provider to develop a job.

Diversion Bed Outplacements

The Division of Developmental Disabilities has placed twenty-six clients into the community from the crisis diversion beds since July 1, 2001, with an average daily rate of \$271.58 (See attached spreadsheet under Diversion Bed Outplacements. It is noted here that the division placed these 26 individuals using 23 funded outplacement slots).

For the quarter October through December 2002, five clients were placed from diversion beds into proviso-funded residential services and supports.

JH had been receiving 8.92 hours per day of SL services prior to her admission to the crisis diversion bed. In addition, JH had been receiving individual and group therapy through the community mental health center, and individual services to access the community. Because of behavioral issues, JH was at risk of a state psychiatric admission. Instead, JH went into a crisis diversion bed. While at the diversion bed, JH had a complete psychiatric assessment and was diagnosed with major mental illness. The treatment team determined that JH was in need of additional supports beyond those available short-term through the diversion bed. JH now has twenty-four hour staff, is involved in day services and receives specialized therapies on an on-going basis for her challenging behavior. She continues to stabilize, although her challenging behaviors remain.

AM was homeless and acutely mentally ill when he was admitted to a crisis diversion bed. AM had been victimized while out on the streets and was found disheveled and delusional. AM was admitted to the crisis diversion bed where he received a complete psychiatric assessment and medication evaluation. After stabilizing, AM moved into a SL/ITS program and is enrolled in a day services program. He receives psychiatric services from his local mental health center and attends appointments regularly with staff support.

DS is an individual who had been living in a group home and then her own home with minimal Medicaid personal care support until one year ago, when she began experiencing a return of audio hallucinations and paranoid delusions. Her symptoms

were so severe that she began harming herself, breaking walls, not sleeping and refusing to take care of herself. Despite multiple attempts by her general practitioner and psychiatrist to stabilize her in the community, DH was placed at WSH for 11 months. While at WSH she would have periods of doing well, then periods of severe decompensation. Because of this, the group home where she had been living was not able to take her back. DS was admitted into a diversion bed and from there, was placed into a SL/ITS program that specializes in working with individuals who are dually diagnosed. DS sporadically attends individual employment services and requires supports for attending to personal hygiene, budgeting and grocery shopping. DS obtains her psychiatric services from the community mental health center. She continues to become delusional and psychotic around the time of her menstrual cycle and sees her physician regularly.

RD had been living in an adult family home (AFH) prior to her admission to a crisis diversion bed. RD was admitted to the diversion bed after multiple emergency room visits for challenging behaviors that were placing other residents of the AFH at risk of harm. While at the diversion bed, the AFH provider notified DDD that they would no longer be able to serve RD. After receiving diversion bed supports, RD began receiving residential supports from a DDD certified residential provider that specializes in working with individuals with severe challenging behaviors. RD now has guardianship services, has been referred for day services and has recently started working with an employment provider to find employment. RD has also begun receiving her mental health supports through the local community mental health center where she is developing a relationship with the specialized DDD mental health specialist. She keeps her appointments with staff support. Staff also supports RD in areas of budgeting, transportation, community access, medication, hygiene, meal preparation and grocery shopping.

JC was admitted to the crisis diversion bed for severe challenging behaviors that put her and others at risk for harm. Prior to her diversion bed admission, JC had received interpreter services and guardianship services. JC was refusing to attend her appointments with DSHS's Division of Vocational Rehabilitation and the mental health provider and began to decompensate. After receiving diversion bed outplacement funds, JC began receiving residential services and supports from a DDD certified community protection provider who specializes in working with individuals with challenging behaviors. In addition to the services she was receiving prior to her admission, she now receives funds for a day services program and specialized therapies from a professional local community mental health center.

2001-2003 Proviso Tracking OUTPLACEMENT TOTALS

		_			Type of Services							Expe				tures	
Diversion Be	d Outplacements	Previous	Residential	Number of	Re	sidential	Da	y Services		Other		Therapies		Average		Total Expend.	
Region	Client Number	Residence	Start Date	Days in Service	Da	aily Rate	D	Daily Rate	<u></u>	Daily Rate		Daily Rate	<u>D</u>	aily Expend.		To Date	
4	#1 AH	Family Home	7/26/2001	524	\$	246.00	\$	24.00	\$	-	\$	-	\$	270.00	\$	141,480.00	
6	#2 MA	Group Home	8/19/2001	500	\$	274.90		-	\$	-	\$	-	\$	274.90	\$	- ,	
1	#3 JP	Adult Family Home	11/1/2001	426	\$	234.39	\$	24.00	\$	-	\$	-	\$	258.39	\$	110,074.14	
3	#4 CS	Adult Family Home	11/1/2001	426	\$	240.90	\$	24.00	\$	-	\$	10.00	\$	274.90	\$	117,107.40	
6	#5 GM	Group Home	12/1/2001	396	\$	42.03	\$	-	\$	10.00	\$	-	\$	52.03	\$	-,	placed as part of #8
2	#6 MH	Group Home	12/17/2001	380	\$		\$	-	\$	-	\$	10.00	\$	277.15	\$		
4	#7 TR	Adult Family Home		377	\$	235.05	\$	24.00	\$	10.00	\$	-	\$	269.05	\$		
6	#8 JE	Adult Family Home	1/7/2002	359	\$	212.87	\$	-	\$	-	\$	10.00	\$	222.87	\$,	
2	# 9 OH	ITS	2/1/2002	334	\$		\$	24.00	\$	-	\$	-	\$	274.89	\$		
4	#10 MS	Parents Home	3/1/2002	306	\$	249.50		24.00	\$	-	\$	-	\$	273.50	\$,	
5	#11 OL	Homeless	3/1/2002	306	\$	263.33		18.00	\$	-	\$		\$	291.33	\$		
3	#12 AE	Adult Family Home	3/15/2002	292	\$			24.00	\$	-	\$		\$	274.90	\$		
1	#13 BW	Adult Family Home		278	\$	242.41		17.34	\$	-	\$		\$	269.75	\$		
5	#14 WF	ITS	4/2/2002	274	\$	227.84	\$	20.00	\$	-	\$	10.00	\$	257.84	\$		
2	#15 CP	Ind Provider	5/15/2002	231	\$	245.03		21.37	\$	-	\$	-	\$	266.40	\$		
3	#16 TD	ITS	6/1/2002	214	\$	240.90	\$	24.00	\$	-	\$	10.00	\$	274.90	\$		
1	#17 SG	homeless	6/28/2002	187	\$	210.00		16.43	\$	-	\$	8.21	\$	234.64	\$,	
6	#18 CD	ITS/SL	8/19/2002	135	\$		\$	-	\$	-	\$	- 1	\$	84.48	\$		placed as part of # 20
6	#19 GM	ITS/SL	8/22/2002	132	\$	36.78	\$	-	\$	-	\$	-	\$	36.78	\$,	placed as part of # 24
6 5	#20 DS	AFH & ITS	9/6/2002	117	\$	168.10	\$	-	\$ \$	10.00	\$	10.00	\$ \$	188.10	\$,	
3	#21 DH #22 JH	ITS/SL ITS/SL	9/26/2002	97 92		249.77 240.90	\$	20.00	\$	-	\$		\$	279.77 274.90	\$		
3 4	#22 JFI #23 AM	Homeless	10/1/2002	92 75	\$ \$	249.50	э \$	24.00	\$ \$	-	\$	10.00	\$	274.90	Ф \$		
6	#24 DS	GH	10/16/2002	75 64	\$	223.12		24.00	Ф \$	10.00	Ф \$	5.00	\$	238.12			
4	#24 D3 #25 RD	AFH	11/30/2002	32	\$		\$	24.00	\$	6.57	\$	5.00	\$	281.95	\$		
4	#26 JC	ITS/SL	11/27/2002	35	\$	240.89		24.00	\$	6.58		-	\$	271.47		· ·	
Average for D	Diversion Bed Outp		1112112002		Ψ	240.00	Ψ	24.00	Ψ	0.00	Ψ		\$	240.25	\$		
											av	verage less 3	\$	271.58	Ė	, , , , , , , , , , , , , , , , , , , ,	
		_										-					
Hospital Outp		Previous	Residential	Number of				y Services		Other		Therapies					
<u>Region</u>	Client Number	Residence	Start Date	Days in Service		aily Rate	_	Daily Rate		Daily Rate		Daily Rate			١.		
6	#1 JC	WSH	9/10/2001	478	\$	254.90	\$	-	\$	10.00	\$		\$	274.90		- ,	
3	#2 ST	WSH	8/1/2001	518	\$	240.90		24.00	\$	-	\$		\$	274.90	\$,	
4	#3 DH	WSH	10/22/2001	436	\$	207.80	\$	24.00	\$	-	\$	-	\$	231.80	\$. ,	
5	#4 LM	WSH	12/28/2001	361	\$	254.89	\$	20.00	\$	-	\$	-	\$	274.89	\$,	
5	#5 RG	WSH	12/28/2001	361	\$	254.89	\$	20.00	\$	-	\$	-	\$	274.89	\$,	
<u>2</u>	#6 ES #7 KS	ESH	12/6/2001	391	\$	258.67		24.00	\$	-	\$	14.80	\$	297.47	\$,	
4		WSH	1/31/2002	335	\$ \$	274.90	\$	-	\$	-	_	-	\$	274.90	\$. ,	
	#8 AH #9 KT	WSH WSH	2/1/2002	334 245	\$	249.50 243.96	\$ \$	24.00 20.00	\$	6.60	\$	14.50 10.00	\$	294.60 273.96	\$,	
6	#9 K I #10 LL	WSH	5/1/2002 8/21/2002	133	\$	171.25		20.00	\$		\$			186.25		,	
6	#10 LL #11 GM	WSH	8/21/2002	132	\$	88.59	Ф	-	Ф	10.00	Ф	5.00	\$ \$	88.59	\$,	placed as per of # 40
6	#11 GM #12 JH	WSH	8/1/2002	153	\$	244.00	2	30.00	\$	_	\$	10.00	\$	284.00	\$,	placed as part of # 10
1	#12 JFI #13 BS	ESH	11/18/2002	44	\$	258.50		16.50	\$	<u> </u>	\$	-	\$	275.00	\$		
Average for I	Hospital Outplacem		11/10/2002		Ψ	200.00	Ψ	10.00	Ψ		Ψ	-	\$	254.32	\$,	
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2001-2003
Proviso Tracking OUTPLACEMENT TOTALS

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Prison Outplacements		Previous	Residential			Residential		•		Other		Therapies			
Region	Client Number	<u>Residence</u>	Start Date	Days in Service	_	aily Rate	D	aily Rate	D	aily Rate	<u>D</u>	aily Rate			
6	#1 SB	DOC	7/1/2001	549	\$	307.14	\$	-	\$	3.61	\$		\$	337.02	\$ 185,023.98
6	#2 PR	DOC	7/1/2001	549	\$	247.50	\$	-	\$	20.88	\$	26.27	\$	294.65	\$ 161,762.85
5	#3 TC	DOC	11/21/2001	406	\$	240.01	\$	20.00	\$	-	\$	14.80	_	274.81	\$ 111,572.86
3	#4 TB	DOC	1/1/2002	365	\$	273.00	\$	26.97	\$	-	\$	10.00		309.97	\$ 113,139.05
3	#5 DT	DOC	2/1/2002	334	\$	273.00	\$	26.00	\$	-	\$	10.00	\$	309.00	\$ 103,206.00
4	#6 EW	Juvenile Rehab	3/1/2002	306	\$	320.62			\$	6.57			\$	327.19	\$ 100,120.14
5	#7 DB	DOC	3/1/2002	306	\$	262.13	\$	20.00	\$	-	\$	15.00	\$	297.13	\$ 90,921.78
3	#8 JB	Juvenile Rehab	4/2/2002	274	\$	272.00	\$	20.00			\$	10.00	\$	302.00	\$ 82,748.00
6	#9 JWB	DOC	6/20/2002	194	\$	244.00	\$	20.00			\$	17.37	\$	281.37	\$ 54,585.78
4	#10 DO	DOC	5/28/2002	218		\$239.87	\$	20.00			\$	12.00	\$	271.87	\$ 59,267.66
4	#11 MC	Fed DOC	4/24/2002	252	\$	244.08	\$	20.00			\$	12.00	\$	276.08	\$ 69,572.16
1	#12 JB	DOC	8/14/2002	140		\$260.72		\$16.44				\$10.00	\$	287.16	\$ 40,202.40
1	#13 JR	DOC	8/15/2002	139	\$	260.72	\$	16.44			\$	10.00	\$	287.16	\$ 39,915.24
2	#14 KH	DOC	7/31/2002	154	\$	260.25	\$	24.00			\$	14.79	\$	299.04	\$ 46,052.16
2	#15 CT	DOC	8/15/2002	138	\$	231.15	\$	19.98	\$	10.91	\$	11.83	\$	273.87	\$ 37,794.06
4	#16 BW	DOC	8/18/2002	136	\$	245.93	\$	24.00	\$	6.57	\$	16.27	\$	292.77	\$ 39,816.72
5	#17 PS	Juvenile Rehab	8/21/2002	133	\$	229.30	\$	19.98			\$	14.79	\$	264.07	\$ 35,121.31
5	#18 TH	DOC	9/26/2002	97	\$	254.06	\$	19.98			\$	14.79	\$	288.83	\$ 28,016.51
4	#19 BG	DOC	10/9/2002	84	\$	245.93	\$	24.00	\$	6.57	\$	16.27	\$	292.77	\$ 24,592.68
5	#20 HV	DOC	11/25/2002	36	\$	256.04	\$	19.98			\$	14.79	\$	290.81	\$ 10,469.16
6	#21 TM	DOC	10/1/2002	92	\$	232.00	\$	34.00	\$	1.00	\$	10.00	\$	277.00	\$ 25,484.00
6	#22 NA	DOC	10/1/2002	92	\$	232.00	\$	34.00			\$	10.00	\$	276.00	\$ 25,392.00
6	#23 CG	Juvenile Rehab	10/25/2002	68	\$	232.00	\$	34.00			\$	10.00	\$	276.00	\$ 18,768.00
Average for Prison Outplacements													\$	290.72	\$ 1,503,544.50
Total Average	Daily Expenditures				•								\$	279.27	
Total Expendit	tures to Date														\$ 4,156,068.24

All DAYS ARE CURRENT FOR 6TH QUARTER.